

TRAINING SESSION NOTIFICATION FORM**Form Code: PSS_TSN****Application Fee – No fee.**

Must be postmarked or received no less than (7) calendar days prior to the beginning of the training session.

COMMONWEALTH OF VIRGINIA**Department of Criminal Justice Services**

Private Security Services Section

P.O. Box 10110, Richmond, VA 23240-9998**Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: www.dcjs.state.va.us/privatesecurity**1. School Name: _____ School ID: 88-_____

2. Primary Instructor SSN: _____

Please note: Individual can only be PRIMARY instructor for ONE class per day & time

3. Location of Training: _____
(if different than School) Number and Street City/Town State Zip

4. Range Name: _____ Code: _____

5. Start Date: _____ End Date _____
mm/dd/yy mm/dd/yy6. Start Time _____ End Time _____
Military Format Military Format7. Category of Training to be Provided: **(Check only one)**Entry Level Subjects☐ 01E Security Officer Core Subjects ☐ 02E Private Investigator ☐ 03E Armored Car Personnel☐ 04E Security Canine Handler ☐ 05E Armed Security Officer Arrest Authority☐ 06E Special Conservator of the Peace Core Subjects ☐ 30E Electronic Security Subjects☐ 32E Personal Protection Specialist ☐ 35E Electronic Security Technician ☐ 38E Central Station Dispatcher☐ 39E Electronic Security Sales RepresentativeIn Service Subjects☐ 01I Security Officer Core Subjects ☐ 02I Private Investigator ☐ 03I Armored Car Personnel☐ 04I Security Canine Handler ☐ 06I Special Conservator of the Peace Core Subjects☐ 30I Electronic Security Subjects ☐ 32I Personal Protection Specialist ☐ 35I Electronic Security Technician☐ 38I Central Station Dispatcher ☐ 39I Electronic Security Sales RepresentativeFirearms Training:☐ 07E Handgun Training ☐ 08E Shotgun Training ☐ 09E Advanced Handgun Training☐ 07R Handgun Re-Training ☐ 08R Shotgun Re-Training ☐ 09R Advanced Handgun Re-Training☐ 10E Conservator of the Peace Handgun ☐ 10R Conservator of the Peace Handgun Re-Training

8. Please list all additional instructors providing instruction during this session:

Name: _____ SSN: _____

Name: _____ SSN: _____

School Director _____ Phone: _____

(Please Print)

Training Director Signature _____ Date _____

mm/dd/yy